



William Reilich
Supervisor

**TOWN OF GREECE
GREECE RESIDENTIAL IMPROVEMENT PROGRAM
(GRIP)
APPLICATION**

Please see attached Required Documentation Checklist and be sure to submit applicable items with this application. Failure to do so will delay review and approval of your application.

HOMEOWNER INFORMATION

Applicant Name: _____

Other Owner(s) if any: _____

Property Address: _____, _____, NY _____
(Street) (Town, Village) (Zip Code)

Phone Numbers: (Home) _____ (Work) _____ (Mobile) _____

Email Address: _____

Please list the name, relationship and phone number of an alternate contact person.

Name: _____ Relationship: _____ Phone Number: _____

Number of people residing in home: _____ Number of years you have owned the home: _____

Have you ever received assistance through GRIP before? _____ Yes _____ No Date: _____

PROPERTY INFORMATION

Is home a single-family residence? _____ Yes _____ No Are property taxes paid to date? _____ Yes _____ No

Do you have homeowner's insurance? _____ Yes _____ No Is there a mortgage on the property? _____ Yes* _____ No

*Lender Name: _____ Balance: \$ _____ Maturity Date: _____

Describe the repairs and/or improvements you are requesting: _____

HOUSEHOLD INCOME INFORMATION

Provide Information below for **ALL PERSONS, including yourself**, who reside in the home. Use back of form if more room is needed.

	Full Name	Relationship to Homeowner	Date of Birth	Describe any Disabilities	Sources of Income (Wages, self-employment, social security, unemployment, retirement, child support, alimony, public assistance, disability, veteran's benefits, worker's compensation, trusts, and income from assets)	Gross Monthly Income (See Required Documentation Checklist and attach applicable documentation listed)
1						
2						
3						
4						
5						
6						
7						

Do you have liquid assets (cash, savings, certificates of deposit, stocks, bonds, etc.) with a cash value of \$50,000 or more? _____ Yes _____ No

If yes, provide approximate cash value of liquid assets. _____

I (We) hereby certify that I (We) am (are) the owner(s) and occupants of this property, and that to the best of my (our) knowledge, all information herein is true and correct. The Town of Greece is hereby authorized to verify any of the above information in any appropriate manner and to inspect the property prior to approval and following the completion of work. I (We) understand that payment of financial assistance is subject to satisfactory completion of approved work.

Signed (Applicant): _____ Date: _____

Signed (Co-Applicant): _____ Date: _____

NOTE: Upon approval, participants are required to sign a "Note and Mortgage" to ensure repayment of the home improvement assistance if ownership of the property is transferred or if the property is no longer the primary residence of the participants within five (5) years of receipt of grant funds.

Information in this section is for statistical purposes only and will not affect eligibility. Please check one of the following in regard to your race or ethnic origin.

____ White (non-Hispanic) ____ Black (non-Hispanic) ____ Native American ____ Asian/Pacific Islander ____ Hispanic (all races) ____ Other

BOTH PAGES MUST BE FILLED OUT COMPLETEY